

AFFIDAVIT

Anthony Gee, #227493  
PLAINTIFF

VS.

CIVIL ACTION NO.

Draper Correctional Facility  
DEFENDANTS.

STATE OF ALABAMA  
EASTERLING CORRECTIONAL FACILITY

I, Beth H Long hereby certify and affirm that I am a  
Medical Records Clerk, at Easterling Correctional Facility; that I  
am one of the custodians of inmate medical records at  
this institution; that the attached document(s) are true, exact, and correct photocopies of  
certain documents maintained here in the Health Care Unit - Easterling C.F.;  
and that I am over the age of twenty-one years and competent to testify to the aforesaid  
documents and matters stated therein.

I further certify and affirm that said documents are maintained in the usual and ordinary  
course of business at the Easterling Correctional Facility; and that said documents (and the  
entries therein) were made at, or reasonably near, the time that by, or from information  
transmitted by, a person with knowledge of such facts, events, and transactions referred to  
therein are said to have occurred.

This, I do hereby certify and affirm to on this the 24 day of May,  
2006.

Beth H Long

SWORN TO AND SUBSCRIBED BEFORE ME THIS THE 24 DAY OF  
May, 2006.

My Commission Expires: 7-15-07

Linda E. Deal  
NOTARY PUBLIC





## PHYSICIANS' ORDERS

NAME: <i>Lee Anthony</i> D.O.B. <i>2/22/83</i> ALLERGIES: <i>NKA</i> Use Last Date <i>1/28/04</i>	DIAGNOSIS (If Chg'd) ① <i>Kelex 500mg po qd x 5 days</i> <i>PO per Dr Williams / Melling</i> ② <i>HCL 12/0 sutures Removal</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED <i>H. Hilly</i>
NAME: <i>Gee Anthony</i> <i>227493</i> D.O.B. <i>2/22/83</i> ALLERGIES: <i>NKA</i> <i>Draper</i> Use Fourth Date <i>3/29/04</i>	DIAGNOSIS (If Chg'd) <i>HCL visit in 7 days</i> <i>Appt 4/5 @</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED <i>Dr McEnt</i>
NAME: <i>Gee Anthony</i> <i>227493</i> D.O.B. <i>2/22/83</i> ALLERGIES: <i>NKA</i> <i>Draper</i> Use Third Date <i>3/22/04</i>	DIAGNOSIS (If Chg'd) <i>Natural / Artificial Tears</i> <i>Appt 3/29 @</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED <i>Dr McEnt</i>
NAME: <i>Gee Anthony</i> <i>227493</i> D.O.B. <i>2/22/83</i> ALLERGIES: <i>NKA</i> <i>Draper</i> Use Second Date <i>3/22/04</i>	DIAGNOSIS (If Chg'd) <i>PO</i> <i>Prehysare 20mg Tabs if Tabs B: 2x3 days</i> <i>→ 1 Tab B: 2x3 days → 1/2 Tab</i> <i>B: 2x3 days</i> <i>Acyclovir 800mg PO TID x 5 days</i> <i>HCL visit in 7 days</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED <i>Dr McEnt</i> <i>3/22/04</i>
NAME: <i>Gee, Anthony</i> <i>227493</i> D.O.B. <i>2/22/83</i> ALLERGIES: <i>NKA</i> <i>Draper</i> Use First Date <i>2/23/04</i>	DIAGNOSIS <i>Lt chest pain - re EKG</i> <i>Indom 50mg B: 1D x 7 days</i> <input type="checkbox"/> GENERIC SUBSTITUTION IS NOT PERMITTED <i>Dr McEnt</i> <i>2/23/04</i>

MEDICAL RECORDS COPY



## PHYSICIANS' ORDERS

NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Last Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Fourth Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME:	DIAGNOSIS (If Chg'd)
D.O.B. / /	
ALLERGIES:	
Use Third Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Gee, Anthony 227493	DIAGNOSIS (If Chg'd)
D.O.B. 2/27/83	
ALLERGIES:	
Use Second Date / /	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED
NAME: Gee, Anthony 227493	DIAGNOSIS
D.O.B. 2/27/83	cept 12/8/04 60
ALLERGIES: N/A	Ketex 500mg TID x 7 days
Use First Date 11/29/04	Morona 600mg PO TID x 5 days
	HCU visit 12/8 Suture/staple
	DC man removal
	<input type="checkbox"/> GENERIC SUBSTITUTION IS <u>NOT</u> PERMITTED

MEDICAL RECORDS COPY



## PROGRESS NOTES

Date/Time	Inmate's Name:	D.O.B.: / /
11/29/04	S. Pt to ER Saturday 2ndary to altercation	
	ⓑ medial lip laceration Repaired & dermabond.	
ER record not Avail	ⓑ lat/ant shoulder repair & staples	
	lip wound is hunting & draining.	
	ⓐ lip laceration 3cm & 2mm gap at center.	
	Brown madding to lat edge.	
	ⓑ shoulder 8cm stapled well approximated wound	
	no S/S of infection.	
	MR. will cover & ABx	
	Return to camp	
	See Orders	
	<del>DMK</del>	
12/08/04	to see Hops for future removal	
	well healed ⓑ ant shoulder wound	
	staples removed	
	<del>DMK</del>	

# EMERGENCY

ADMISSION DATE <b>11/27/04</b>		TIME <b>9:00 AM</b>	ORIGINATING FACILITY <b>Drapers</b>		<input type="checkbox"/> SICK CALL <input type="checkbox"/> EMERGENCY <input type="checkbox"/> OUTPATIENT		
ALLERGIES <b>NKA</b>			CONDITION ON ADMISSION <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> SHOCK <input type="checkbox"/> HEMORRHAGE <input type="checkbox"/> COMA				
VITAL SIGNS: TEMP <b>99.5</b>		ORAL RECTAL	RESP. <b>24</b>	PULSE <b>82</b>	B/P <b>124/66</b>	RECHECK IF SYSTOLIC <100> 50	
NATURE OF INJURY OR ILLNESS  <b>S - BODY CHART PER DOC REQUEST</b>  <b>O - APOX3. SKIN WID RESP CLEAR E ERSE. NOTED 3 RAZOR CUTS 2.5cm LACERATION IN T-MID LIP 1cm LAC IN @ END OF LIP. 7.5cm LAC IN RIGHT SHOULDER. NO BLEEDING NOTED @ PRESENT. NO PAIN</b>			ABRASION III	CONTUSION #	BURN XX XX	FRACTURE Z Z	LACERATION / SUTURES
PHYSICAL EXAMINATION  <b>A - PRT IN HEALTH IMPRINT</b>  <b>P - CALLED MD</b> <b>VO TO SEND TO ECH</b> <b>CLEANSED E NS AND APPLIED STERI STRIP TO CUT SITES.</b> <b>DRESSED E 4x4 GAUZE TO @ SHOULDER. SECURED E ELASTIC GAUZE BANDAGE</b>							
DIAGNOSIS			ORDERS / MEDICATIONS / IV FLUIDS				
INSTRUCTIONS TO PATIENT			TIME				
DISCHARGE DATE <b>11/27/04</b>			TIME <b>9:15 AM</b>	RELEASE / TRANSFERRED TO <input type="checkbox"/> DOC <input type="checkbox"/> AMBULANCE <input type="checkbox"/>		CONDITION ON DISCHARGE <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> POOR <input type="checkbox"/> FAIR <input type="checkbox"/> CRITICAL	
NURSE'S SIGNATURE <b>[Signature]</b>		DATE <b>11/27/04</b>	PHYSICIAN'S SIGNATURE <b>[Signature]</b>		DATE <b>11/27/04</b>	CONSULTATION	
INMATE NAME (LAST, FIRST, MIDDLE) <b>GIER, VATHONG</b>			DOC# <b>227493</b>	DOB <b>2/22/83</b>	R/S <b>B/m</b>	FAC. <b>Drapers</b>	



PRISON  
HEALTH  
SERVICES  
INCORPORATED

# MEDICAL INFORMATION TRANSFER FORM

## Confidential Medical Data

To: Elmore Community Hospital  
(Agency)

(Address)

Inmate's Name: Anthony Gee

a/k/a: AISH 227493

D.O.B.: 0.2/22/83

SS #:

From: Staton Health Care Unit  
(Institution)

(Address)

(Telephone)

Person Completing Form

Name: A. Linberger LPN

Signature: A. Linberger LPN

Date: 11.27.04

### MEDICAL PROBLEM(S):

- 1 cm in length cut to Lower Right side of Lip.
- 3cm in length cut to Center of Top Lip
- 7 1/2 cm in length cut to Right Shoulder

### TREATMENTS/MEDICATIONS:

⊕ current medications

### Allergies:

NKDA

### Pregnant:

Yes No Unknown

### Other Lab Data:

Last Tetanus given 2002

TB Skin Test:

NEG

POS

Date

CXR:

NEG

POS

Date

### Test

RPR:

NEG

POS

### Treated

Yes No

### Date

VDRL:

NEG

POS

Yes No

GC:

NEG

POS

Yes No

Other:

Yes No